

Attorney or Party without Attorney: LYNN HUBBARD III, Bar #69773 DISABLED ADVOCACY GROUP, APLC 12 WILLIAMSBURG LANE Chico, CA 95926 Telephone No: 530 895-3252 FAX No: 530 894-8244				For Court Use Only	
Attorney for: Plaintiff					
Ref. No. or File No.: HUBBARD v. CHULA VISTA CENTER					
Insert name of Court, and Judicial District and Branch Court: United States District Court Southern District Of California					
Plaintiff: BARBARA HUBBARD					
Defendant: C.V. CENTER, INC., et al.					
PROOF OF SERVICE SUMMONS		Hearing Date:	Time:	Dept/Div:	Case Number: 08 CV 471 JAH LSP

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of the SUMMONS IN A CIVIL ACTION; PLAINTIFF'S COMPLAINT
3.
 - a. Party served: C.V. CENTER, INC.
 - b. Person served: BECKY DeGEORGE, a person authorized to accept for the party in item 3.a..
4. Address where the party was served:

CSC-LAWYERS INCORPORATING SERVICE
 2730 Gateway Oaks Drive
 Suite 100
 Sacramento, CA 95833
5. I served the party:
 - a. by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on: Wed., Apr. 02, 2008 (2) at: 2:10PM
7. Person Who Served Papers:

<ol style="list-style-type: none"> a. Jim Wardlow b. ALL PRO ATTORNEY SERVICES 2410 FAIR OAKS BOULEVARD SUITE 125 Sacramento, CA 95825 c. (916) 974-7421, FAX (916) 974-7442 	<p style="text-align: right;">Recoverable Cost Per CCP 1033.5(a)(4)(B)</p> <ol style="list-style-type: none"> d. The Fee for Service was: \$33.00 e. I am: (3) registered California process server <ol style="list-style-type: none"> (i) Owner (ii) Registration No.: 87-010 (iii) County: Sacramento
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8. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: Wed, Apr. 02, 2008